

OCT 1 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County St. Louis,Township WentzvilleCity WellstonRegistration District No. 789Primary Registration District No. 6033(No. 6603 St. Louis Ave.)

32260

File No. _____

Registered No. 251

St. _____ Ward _____

2. FULL NAME Harold D. Zernicke.(a) Residence, No. 2115 Oak Ave.

St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married.</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Zernicke.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1911.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>24</u>	<u>7</u>	<u>25</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis County, Missouri.13. NAME Fred Zernicke.14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) St. Louis, Missouri.15. MAIDEN NAME Hattie Higbee.16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Seneca, Missouri.17. INFORMANT Mrs. Hattie Zernicke
(ADDRESS) 2115 Oak Ave.18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethany Cemetery DATE Aug. 14, 193619. UNDERTAKER Geo. L. Pleitach Inc
(ADDRESS) 5766 Easton Ave.20. FILED Aug 14 19 36 W. Baehmer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3.30 p.m.

The principal cause of death and related causes of importance were as follows:

Whether accident or natural death, unable to determine, deceased known to be impaired in his general physical health, fell from a ladder, while repairing an electric light

Other contributory causes of importance:

in the ceiling. An electrical engineer who examined this condition later, stated it was impossible for

Name of operation OVER Date of _____What test confirmed diagnosis? autopsy. Was there an autopsy? yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature) Sept 13/36 M. D.(Address) 3718 Jennings, WashHarold D. Zernicke

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100-2-85
C. J. Jones

Death to be caused by this condition while working at this light. Death no doubt due to cardiac non-conduction, due to his physical condition and not occupational circumstance.

Verdict of Jury; By causes unknown to the Jury.